

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Limousine Association Political Action Committee

ADDRESS (number and street) 49 South Maple Avenue
 Check if different than previously reported. (ACC)
Marlton NJ 08053

2. **FEC IDENTIFICATION NUMBER** C00359380
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Nelson

Signature of Treasurer Electronically Filed by Patricia Nelson Date 01 28 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

This memo is to explain the discrepancy between the opening balance for the 2009 Midyear Report and the closing balance of the 2008 4th Quarter Report. The difference of \$192.18 reflects the reimbursement of bank charges which had previously been unreported to the FEC. The 2009 Midyear report now includes all bank charges and reimbursements from the connected organization.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Limousine Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		289.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	289.35									
(c) Total Receipts (from Line 19)	7899.09	7899.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8188.44	8188.44								
7. Total Disbursements (from Line 31)	4413.77	4413.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3774.67	3774.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5595.45	5595.45
(ii) Unitemized	2056.80	2056.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7652.25	7652.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7652.25	7652.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	246.84	246.84
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7899.09	7899.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7899.09	7899.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	413.77	413.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	413.77	413.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4413.77	4413.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4413.77	4413.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7652.25	7652.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7652.25	7652.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	413.77	413.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	246.84	246.84
38. Net Operating Expenditures (subtract Line 37 from Line 36)	166.93	166.93

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert Alexander

Mailing Address 6010 Executive Boulevard

City State Zip Code
Rockville MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer RMA Worldwide Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gary Bauer

Mailing Address 400 Fathon Drive

City State Zip Code
San Mateo CA 94404

FEC ID number of contributing federal political committee. **C**

Name of Employer Bauers Intellegent Transp-ortat Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Bob Beutel

Mailing Address 1848 Jason Circle

City State Zip Code
Rochester Hills MI 48306

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstar Transportation Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4147

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert Boroday
Mailing Address 10097 Cleary Boulevard #233
City Plantation State FL Zip Code 33324
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Network Ground Transport Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 05 / 2009
Transaction ID: SA11AI.4164
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joe Ciruzzo
Mailing Address 52 Bridgetown Street
City Staten Island State NY Zip Code 10314
FEC ID number of contributing federal political committee. **C**
Name of Employer A Elegant Int. Limo Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 05 / 2009
Transaction ID: SA11AI.4167
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Diane Forgy
Mailing Address 10515 Ensley Lane
City Leawood State KS Zip Code 66206
FEC ID number of contributing federal political committee. **C**
Name of Employer Overland Limousine Occupation Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 25 / 2009
Transaction ID: SA11AI.4145
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Richard Kane

Mailing Address 2300 T Street NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer: International Limousine Service
Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.4171

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
George Mery

Mailing Address 5157 Blanco Rd Bldg E

City State Zip Code
San Antonio TX 78216

FEC ID number of contributing federal political committee. **C**

Name of Employer: Elegant Limousine & Charter
Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: MM / DD / YYYY
04 / 08 / 2009

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mark Munoz

Mailing Address 6 Obert Street #1

City State Zip Code
Beverly MA 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer: BostonCoach
Occupation: Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11AI.4150

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Steve Qua	Date of Receipt MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 4559 Lander Road	Transaction ID: SA11AI.4188
	City State Zip Code Chagrin Falls OH 44022	Amount of Each Receipt this Period 45.45
	FEC ID number of contributing federal political committee. C	
Name of Employer Company Car	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.25	

B.	Full Name (Last, First, Middle Initial) Michael Renehan	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address PO Box 627	Transaction ID: SA11AI.4149
	City State Zip Code Farmingdale NJ 07727	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Allaire Limousine	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Michael Renehan	Date of Receipt MM / DD / YYYY 04 / 10 / 2009
	Mailing Address PO Box 627	Transaction ID: SA11AI.4177
	City State Zip Code Farmingdale NJ 07727	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Allaire Limousine	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	345.45
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dawson Rutter

Mailing Address 322 North Road

City State Zip Code
Sudbury MA 01776

FEC ID number of contributing federal political committee. **C**

Name of Employer Commonwealth Worldwide Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4144

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	5595.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
National Limousine Association

Mailing Address 49 South Maple Avenue

City State Zip Code
Marlton NJ 08053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.84

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA15.4223

Amount of Each Receipt this Period
195.90

Reimbursement of Bank Charges

SUBTOTAL of Receipts This Page (optional)	▶	195.90
TOTAL This Period (last page this line number only)	▶	195.90

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4201 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Charges Candidate Name	<input type="text" value="50.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4206 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Charges Candidate Name	<input type="text" value="50.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4204 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Charges Candidate Name	<input type="text" value="145.96"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="247.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4211 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Charges Candidate Name	<input type="text" value="61.29"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4213 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Charges Candidate Name	<input type="text" value="52.66"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4215 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Charges Candidate Name	<input type="text" value="51.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="165.93"/>
TOTAL This Period (last page this line number only)	<input type="text" value="413.77"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) DAVID VITTER FOR US SENATE	Transaction ID: SB23.4209
	Mailing Address PO BOX 8175	Date of Disbursement 06 / 25 / 2009
	City METAIRIE State LA Zip Code 70011	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.4203
	Mailing Address P.O. BOX 19163	Date of Disbursement 03 / 31 / 2009
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.4210
	Mailing Address 509 MADISON AVE SUITE 1902	Date of Disbursement 05 / 14 / 2009
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NJ District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4208

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

4000.00